



Calvary Lutheran Church and Preschool
1011 North Compton Street, Post Falls, ID 83854
Church Office Phone: 208-773-5321, Fax 208-773-1098

PRESCHOOL REGISTRATION 2020-2021

Student's Legal Name _____

Student's Preferred Written Name _____

Address _____

City _____ State _____ Zip _____

Home Phone _____ Birthdate _____ Male _____ Female _____

Father's Work Place _____ Cell _____

Mother's Work Place _____ Cell _____

Emergency Contact _____ Phone _____

Family Physician (Name, Address & Phone) _____

Does your child have any medical conditions that we need to be aware of?

Does your child have any food allergies? (If yes, please explain)

What are your expectations regarding your child's preschool experience?

I, _____ Parent/Legal Guardian of _____

understand that I am enrolling my child in a preschool program to be held on Tuesday-Wednesday-Thursday, from 9:00 AM to 11:30 AM. The cost of this program is \$1,395.00 (to be paid in nine monthly installments of \$155.00 by the 10th of each month with the first month due on or before the preschool open house) and entitles my child to participate in the program.

Please return this registration form as soon as possible with a

NON-REFUNDABLE \$75.00 REGISTRATION FEE

(This fee guarantees your student's place in our program. If you do not attend our back-to-school open house, please contact the preschool, or you will forfeit your child's place.) Preschool registrations are taken on a first come, first served basis, so the sooner you register your child, the sooner we can reserve a place in next year's class for you. **By signing below, you agree that you have received and will abide by all provisions in the Calvary Lutheran Preschool Handbook.**

Signature _____ Date _____

Mother's Name _____ Father's Name _____

MEDICAL RELEASE

In the event of an emergency resulting in injury to my child, if I cannot be reached, I authorize a teacher or an assistant of Calvary Lutheran Preschool to sign for medical attention for my child.

Signature _____ Date _____

FIELD TRIP PERMISSION

I give my permission for my child to participate in Calvary Lutheran Preschool field trips for the school year, September 2020 through May 2021.

Signature _____ Date _____

NAME / PHOTO / DIRECTORY RELEASE

Permission to have name used in newspaper or educational display? Yes ___ No ___

Permission to have photo used in Yearbook? Yes ___ No ___

Permission to use your child's photo on:
school's website/facebook/promotional materials? Yes ___ No ___

LIST OF APPROVED ADULTS TO PICK-UP STUDENT

I give my permission for my child to be picked up by the following adults:

For emergencies or questions, please refer to Handbook.

Signature _____ Date _____

IMMUNIZATIONS

Please bring in your child's current immunization records
when you return this form.

Thank you!